

MEDICARE PAYMENT ADVISORY COMMISSION

PUBLIC MEETING

Ronald Reagan Building
International Trade Center
Horizon Ballroom
1300 13th Street, N.W.
Washington, D.C.

Friday, September 12, 2003
9:35 a.m.

COMMISSIONERS PRESENT:

GLENN M. HACKBARTH, Chair
ROBERT D. REISCHAUER, Ph.D., Vice Chair
SHEILA P. BURKE
AUTRY O.V. "PETE" DeBUSK
NANCY-ANN DePARLE
DAVID F. DURENBERGER
ALLEN FEEZOR
RALPH W. MULLER
ALAN R. NELSON, M.D.
JOSEPH P. NEWHOUSE, Ph.D.
CAROL RAPHAEL
ALICE ROSENBLATT
JOHN W. ROWE, M.D.
DAVID A. SMITH
MARY K. WAKEFIELD, Ph.D.
NICHOLAS J. WOLTER, M.D.

AGENDA ITEM:

Public comment

MR. HACKBARTH: We'll have a very brief public comment period.

MS. McELRATH: Unlike Karen, I won't say it looks like I have a lot of time.

I just want to point out that the volume number, the 30 percent is double what the trustees report would have for the same period, and it's also greater than -- there were some numbers that PPRC did. So it's always hard to tease apart what's volume and what's cost, so I'd just point out it's different.

Then the other question I think is, so what conclusion would you come to? Maybe one conclusion that you come to from the fact that you can't tell exactly what it is that's driving the volume is that you should get rid of the SGR, which is where the Commission is, and where we would prefer to stay. If in fact, however, Congress is going to keep an SGR, does that mean that you shouldn't do any of the other things that the Commission had recommended prior to going to the position of having no SGR? Does that mean you shouldn't have a 2 percent add-on, or that you shouldn't count a 6-percent change that's due to demographic change?

We would say a 2002 pay cut of 5.4 percent would have been offset by that 6 percent so you shouldn't just ignore it.

MR. HACKBARTH: Okay, thank you very much. See you in October.

[Whereupon, at 12:21 p.m., the meeting was adjourned.]